

PRINT DATE: 06/07/05 057

Ed Benak M.D.

Medical Director

TIME: 13:10

Wiregrass Medical Center

1200 W. Maple Ave

Geneva, AL 36340-1642

LABORATORY --- CUMULATIVE REPORT

PAGE 1

01D0304961

CLIA Number

H5LACUMV

NAME.: NUNN JOWEL

ACCT#: 513688

ROOM.: E.R.

- NO PENDING ORDERS

SEX.....: M

AGE.....: 28 Y

DOB.....: 01/08/1977

PAT. PHONE: 3348989907

PHY...: KRAFT KURT D

ADMIT: 06/04/05

MR#...: 422847896

**MICROBIOLOGY**

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED--
6/04/05 1724	6/04/05 1724	6/04/05 2157	6/07/05 1058	6/07/05 1058
CGB	TB	DD	LJL	LJL

CULTURE MISC. SOURCE

SPECIFIC SITE: L ARM WOUND

**MICROBIOLOGY REPORT**

\*\* FINAL \*\*

----- Antimicrobial Susceptibility and Organism Identification Report -----  
 Specimen Number : 50707 Requested : 06/04/05  
 Specimen Source : MISC. CULTURE Collected : 06/04/05 17:24  
 Ward of Isolation : NURSING EMERGENCY ROOM Received : / / 00:00  
 Requesting Physician : KURT D. KRAFT

## Patient/Specimen Tests and Comments

## Specimen Comments

HEAVY GROWTH ISO#1  
 COAGULASE POSITIVE STAPH

## Organisms Identified

\* 01 Staphylococcus aureus 06/07/05

## Comments

This S. aureus does not demonstrate inducible clin  
 damycin resistance in vitro.

**MICROBIOLOGY REPORT**

\*\* FINAL \*\*

----- Antimicrobial Susceptibility and Organism Identification Report -----

Isolate 01 Staphylococcus aureus

DRUG	MIC	Interp
Amp/Sulbactam	<=8/4	S
Ampicillin	2	BLAC
Amox/K Clav	<=4/2	S
Azithromycin	4	I
Chloramphenicol	<=8	S
Ceftriaxone	<=8	S
Clindamycin	<=0.5	S
Cefotaxime	<=8	S
Cefazolin	<=8	S
Ciprofloxacin	<=1	S
Erythromycin	4	I
Gatifloxacin	<=2	S
Gentamicin	<=4	S
Imipenem	<=4	S
Levofloxacin	<=2	S

PRINT: 06/07/05 13:10 NUNN JOWEL

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LEGEND: L-Low, H-High, C-Critical, A-Abnormal, \*E\*-Error

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**MICROBIOLOGY**

Linezolid	<=2	S
Moxifloxacin	<=2	S
Oxacillin	<=0.25	S
Penicillin	8	BLAC
Pip/Tazo	<=4	S
Rifampin	<=1	S
Trimeth/Sulfa	<=2/38	S
Tetracycline	<=4	S
Vancomycin	<=2	S

B-Lactamase Positive

S = Susceptible  
I = Intermediate  
R = Resistant

CC = Cost Code  
MIC = mcg/ml (mg/L)

N/R = Not Reported

--- = Not Tested

Blank= Data not available, or drug not advisable or tested

BLac = Beta Lactamase Positive

TFG = Thymidine-dependent Strain

For Blood and CSF Isolates, a Beta-Lactamase test is recommended for Enterococcus species.

IB appears in place of S, I (S), +, ++, or +++ with species known to possess inducible B-lactamases; potentially they may become resistant to all B-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined B-lactam drugs.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.

(b) Breakpoints based on parenteral dose. For cefuroxime Axetil (PO) use &lt;8=S, 8-16=I, &gt;16=R.

(c) For streptococci (including enterococci), Micrococcus species, and Listeria species, refer to the Ampicillin interpretation. If Ampicillin results are unavailable, refer to Penicillin. If Pen result is resistant, test Ampicillin using an alternate method.

Interpretations based on NCCLS M7-A3. Pip/Tazo for streptococci and enterococci based on manufacturer's breakpoints.

Tech : \_\_\_\_\_  
Report Date : / / :

Source : MISC. CULTURE  
Collected : 06/04/05 17:24

ID # : 513688

\*\* FINAL \*\*

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057 Page: 2 LAST

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STATE OF ALABAMA

COUNTY OF BARBOUR

AFFIDAVIT

JOWEL S. NUNN AIS# 204088. an inmate in the custody of the Alabama Department of Corrections, who personally appeared before the undersigned authority in and for said county and state, Jowel S. Nunn, who being first duly sworn makes this affidavit pursuant to the provisions of the Alabama Code 1975 and Federal Rules of Civil Procedure says the following:

My name is Jowel S, Nunn and i am a resident of Geneva County Alabama. Who is of sound mind and who is an adult over the age of 21 years and thus hereby give lawful notice that on or about the 24 day of Feb., 2005 I was a pretrial detainee being held in the Geneva County Jail under the care, custody and control of the defendant Gregg Ward, sheriff of Geneva County jail and at such time did contract staph infection caused by the deplorable conditions of Geneva county jail and exacerbated by the deliberate indifference of Geneva county and its agents, to the serious medical needs of your affiant.

Based on the aforesaid facts i hereby claim that Geneva county jail and its agents, servants, representatives and employees are liable for the damages i have sustained due to their negligence and deliberate indifference to the serious medical needs of your affiant.

I hereby declare under the penalty of perjury that the facts sworn to in this affidavit are true and correct to the best of my knowledge, understanding and belief.

Jowel S. Nunn  
Affiant

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10<sup>th</sup> DAY May, 2006

Carolyn P. Abernethy  
NOTARY PUBLIC

My Commission Expires August 18, 2007  
MY COMMISSION EXPIRES

Jowel S. Nunn # 204088  
JOWEL S. NUNN

STATE OF ALABAMA  
COUNTY OF BARBOUR

AFFIDAVIT

Dennis Rudd AIS# 239596, an inmate in the custody of the Alabama Department of Corrections, who personally appeared before the undersigned authority in and for said county and state, Jowel S. Nunn, who being first duly sworn makes this affidavit pursuant to the provisions of the Alabama Code 1975 and Federal Rules of Civil Procedure says the following:

My name is Dennis Rudd AIS# 239596 and i am a resident of Geneva County Alabama who is of sound mind and who is an adult over the age of 21 years of age and thus hereby give lawful notice that on or about the 24 day of Feb., 2005 I was a pretrial detainee being held in the Geneva County jail under the care, custody and control of defendant Gregg Ward, sheriff of Geneva county jail and at which time, I am a witness to the fact that Jowel S. Nunn AIS# 204088, a pretrial detainee at the same location (jail) did contract staph infection, as did myself, due to the deplorable conditions of the Geneva county jail, also, I am witness to the deliberate indifference to the serious medical needs of Jowel S. Nunn.

Ihereby declare under penalty of perjury that the facts stated in this affidavit are true and correct to the best of my knowledge, understanding and belief.

SWORN AND SUBSCRIBED BEFORE ME THIS 10<sup>th</sup> DAY OF May, 2006

Carolyn R. Abucione  
NOTARY PUBLIC

My Commission Expires August 18, 2007  
MY COMMISSION EXPIRES

Dennis Rudd  
DENNIS RUDD